

# Statement of Deficiencies

Developmental Disabilities Agency

Riverside Service Group

461 River Pkwy

7RIVER056

Idaho Falls, ID 83402-3314

(208) 542-4517

Survey Type: Recertification

Entrance Date: 12/8/2008

Exit Date: 12/10/2008

**Initial Comments:** Survey Team Members: Pam Loveland-Schmidt, Medical Program Specialist; David Doran, Medical Program Specialist; Georgette Kern, Licensed Social Worker; Mark Schwarzenberger FACS, Clinician; Sandy Griffin, FACS, Program Supervisor.

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, Plan of Correction", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

Observations: Participant/Employee:

Child Participant (B) / Employee (6)

- Positive utilization of services taking place in a natural environment that included typically developing children. (Head Start ~~classroom~~) of picture schedule for assisting with warning time for transition from one activity to another activity.
- Employee (6) demonstrated use of re-direction, wait-time, intermittent hand-over-hand assist, verbal prompts, some slight pressure when needed for sensory, shadowing, following one-step directions.
- Employee (6) embedded herself in the environment in a non-obtrusive, helpful way. She utilized a quiet/calming voice and took data occasionally.

Child Participant (A) / Employee (7)

- Services took place in natural environment (child's home). Activity matched what a child Participant (A's) age would typically be doing (making and eating a snack).
- Nice job of giving Participant (A) choices of different activities.
- Employee (7) used naturally occurring language stimulation techniques combined with social/cognitive programming. Sentence Expansion, speaking clearly, asking questions, following two-step directions.
- Employee (7) gave immediate and specific feedback for Participant (A).

Adult Participant (1) / Employee (8)

- Services were continuous and Employee (8) took advantage of several opportunities for training on several different programs.
- Good use of time during therapy.
- Goals were not conducted in the natural environment / setting where the program would routinely occur.

Adult Participant (2) / Employee (4)

- Services were continuous and Employee (4) encouraged independence and assertive communication with the participant.
- Employee was respectful and patient.
- Services occurred in a natural setting and promoted the use of public transportation and a local grocery store near the participants home.

#### STRENGTHS:

Agency ensures collaboration of services with other agencies. From the file review of Child Participant (A), it was observed the agency had secured Occupational Therapy, Speech Therapy, and Physical Therapy evaluations from these providers as well as the current IEP. Results were utilized in the development of the Individual Program Plan for this participant.

Employee(s) working with the participants appear very comfortable in the interactions made as program objectives were implemented. Any interaction made/required was done with minimal distraction to the participant and yet maintained focus on task being completed. Programming data was completed with minimal distraction to activity being implemented. Reinforcement was done naturally and as needed to maintain focus on client skill attainment.

Programming was completed in environments where they would normally occur. Participant (A) completed programming in home setting and Participant (B) was observed participating in the Head Start classroom.

Agency ensures collaboration of services with other agencies. From the file review of Noah Moore it was observed the agency had secured Occupational Therapy, Speech Therapy, Physical Therapy evaluations from these providers as well as the current IEP and results were utilized in the development of the Individual Program Plan for this participant.

Staff working with the participants appear very comfortable in the interactions made as program objectives were implemented. Any interaction made/required was done with minimal distraction to the participant and yet maintained focus on task being completed. Programming data was completed with minimal distraction to activity being implemented. Reinforcement was done naturally and as needed to maintain focus on client skill attainment.

Programming was completed in environments where they would normally occur ((Participant A) completed tasks in home setting and (Participant B) was observed participating in the Head Start classroom).

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Supervision	1. What corrective action will be taken?
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING	3 of 7 Employee records (4, 5, 7) lacked evidence that a qualified professional on a	A new training log is being developed to include the 52 weeks of the year. Weekly staff meetings are currently held on



DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)

02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06)

- a. Give instructions; (7-1-06)
- b. Review progress; and (7-1-06)
- c. Provide training on the program(s) and procedures to be followed. (7-1-06)

weekly basis, gave instructions, reviewed progress, and provided training on the programs and procedures to be followed .

For example: Employee (4)'s record lacked evidence of the afore mentioned rule for: The second week of July, first week of September, first week of October, first week of November, and first week of December.

Employee (7)'s record lacked evidence of the afore mentioned rule for: The second week of June, first week of July, first and second week of August, and first week of November.

Thursdays. This is being changed to Mondays and Thursdays. This way if a staff person misses the meeting on Monday they must attend the meeting on Thursday. No training will need to occur if the staff person is on vacation for the entire week and not working with a participant. Vacation time will be documented on the training log.

2. How will the agency identify participants who may be affected by the deficiency? There is potential for all participants to be affected when training does not occur. There is potential for regression of skill or lack of progress in goal areas. If participants are identified what corrective action will be taken? Each employee will be trained on a weekly basis. Training will include review of progress and instructions will be given to employee as appropriate.

3. Who will be responsible for implementing each corrective action?

Administrator will develop the training log. The developmental specialists and administrator will be responsible for weekly training of employees.

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? It will be added to our quality assurance review.

5. Dates for when the corrective action will be completed?  
2-1-09

**Scope and Severity:** Widespread / No Actual Harm - Potential for More Than Minimal Harm

**Date to be Corrected:** 2009-02-01

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.405.03

STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training

**Category/Findings**

Staff Records

2 of 4 Applicable employee records (6, 7) lacked evidence of monthly observations to assure the paraprofessional has been trained on the programs, and demonstrates the necessary skills to correctly implement the programs. For Example: Employee (7) lacked monthly observations for April 2008 and May 2008.

**Plan of Correction (POC)**

1. What corrective action will be taken? The newly developed training log will have an area to record the monthly observational training of developmental therapist. We are currently using a monthly observation form to record the therapists training skills and feedback given to the therapist. We will now keep these forms in the staff's training logbook. The monthly observation will also be recorded on the fifty-two week training log.



requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)

03. Professional Observation. The agency must assure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06)

2. How will the agency identify participants who may be affected by the deficiency? There is potential for all participants to be affected when monthly observations do not occur. There is potential for regression of skill, or lack of progress in goal areas. If participants are identified what corrective action will be taken? Each employee will receive at least one monthly observation. Feedback will be given to help the therapist become an effective trainer. Areas of feedback will include consistent follow through of the plan sheets, application of the principles of reinforcement and shaping. Accurate documentation of the training session and other feedback as necessary to help the trainer be effective in training procedures.

3. Who will be responsible for implementing each corrective action? Administrator will develop the training log. The developmental specialists and administrator will be responsible for weekly training of employees.

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? This will be added to our quality assurance checklist.

5. Dates for when the corrective action will be completed?  
2-1-09

**Scope and Severity:** Pattern / No Actual Harm - Potential for More Than Minimal Harm

**Date to be Corrected:** 2009-02-01

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.415.01.a

415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.

01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06)

a. Each agency employee providing services to participants must participate in fire and safety training upon employment and at least yearly

**Category/Findings**

Training

1 of 7 Employee records, Employee (3), lacked evidence of initial fire/safety training.

**Plan of Correction (POC)**

1. What corrective action will be taken? The employee will fill out our initial orientation form that includes fire safety training. Although this employee has had several fire safety trainings that are documented in her training log we will have her re-watch the fire safety video and then document this on an orientation form and place this in her file. Currently, all employees receive fire safety training within the first 10 days of their employment.

2. How will the agency identify participants who may be affected by the deficiency? Potential for all participants to be affected. In the case of a fire if an employee is not trained the participant may be at a safety risk and be harmed. If participants

thereafter; and (7-1-06)

are identified what corrective action will be taken? All employees will receive fire safety training within the first 10 days of employment and one time per year following initial training.

3. Who will be responsible for implementing each corrective action? The administrator will follow through and make sure this is completed.

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? This is currently a part of our quality assurance form.

5. Dates for when the corrective action will be completed?  
01-07-09

**Scope and Severity:** Isolated / No Actual Harm - Potential for More Than Minimal Harm**Date to be Corrected:** 2009-01-07**Administrator Initials:****Rule Reference/Text**

16.04.11.700.05

700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS. Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must comply with the requirements under Section 701 of these rules for those adults. (7-1-06)

05. Documentation of Plan Changes. Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This

**Category/Findings**

Participant Records

1 of 2 Child Participant (B) records lacked evidence of proper documentation for plan changes. For example: Child Participant (B)'s record lacked reason for plan changes, the signature of the individual making the change, and the date the changes were made.

**Plan of Correction (POC)**

1. What corrective action will be taken? Any time a change is made to a plan the reason will be documented on both the progress note form and on the addendum with the date and signature of the person making the change. Training will occur with the developmental specialists to insure their understanding of this.

2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? A review of each participants record will occur for addenda. If there has been an addendum a brief notation will be added with the signature of the person making the change, their title and the date the change was made.

3. Who will be responsible for implementing each corrective action? The developmental specialists.



documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-06)

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? This will be added to the quality assurance checklist.

5. Dates for when the corrective action will be completed?  
02-01-09

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.701.04.d

**Category/Findings**

Individual Program Plan

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)  
04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)  
d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)

2 of 2 Child Participants (A, B)'s record indicated that ongoing services that end prior to the end of the plan year did not have an acceptable end date. For example: Child Participant (B)'s IPP is from 1-2-2008 to 1-2-2009 and the expiration of the addendum was targeted for 5-1-2009. Child Participant (A)'s IPP is from 1-24-2008 to 1-23-2009 and the expiration of the target date is November 2009. The end target date should not extend past the end date of the current Individual Program Plan.

**Plan of Correction (POC)**

1. What corrective action will be taken? All target dates will be dated the last day of the plan year.

2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? Each participant record will be reviewed and the target dates will be changed.

3. Who will be responsible for implementing each corrective action? The developmental specialists

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? It will be added to our quality assurance to check the target dates to insure they are consistent with the last date of the plan year.

5. Dates for when the corrective action will be completed?  
02-01-09

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2009-02-01

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.705

**705.RECORD REQUIREMENTS.**

Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)

**Category/Findings**

Participant Records

2 of 2 Adult Participant record(s) (1, 2) lacked evidence of the signature and credentials of the individual providing the service. For example: Participant (1, 2)'s record had initials of the individuals providing the service, however no signature and credentials which corresponded to those initials were present.

2 of 2 Child Participant (A, B)'s record lacked evidence of the signature and / or credentials of the individual providing the service. For example: Data sheets, progress notes, and charting did not include full signature and credentials.

**Plan of Correction (POC)**

1. What corrective action will be taken? We have developed a signature page that includes the name of the employee, their title or credentials and their initials. This will be placed in the participant's data book and permanent record. The signature page will be revised each time we hire a new employee.
2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? Not applicable.
3. Who will be responsible for implementing each corrective action? The administrator will develop the signature page and the developmental specialist will revise it each time it is necessary.
4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? It will be added to our quality assurance review program.
5. Dates for when the corrective action will be completed?  
01-09-09



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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2009-01-09

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.a  705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06) 01. General Records Requirements. Each participant record must contain the following information: (7-1-06) a. An order by a physician or other practitioner of the healing arts for each DDA service the	Eligibility  1 of 2 Adult Participant record (1) lacked evidence of a current physicians order. For example: Participant (1)'s record contained an expired Physicians Medical Care Evaluation Form dated 11-7-2007.	1. What corrective action will be taken? At the time of the participants annual planning meeting the developmental specialist will ask when the participants H&P is scheduled for. The developmental specialist will document this on the outside contact log. Upon receiving a copy of the plan from the service coordinator the developmental specialist will check for the PMCE. If it is not in the packet the developmental specialist will call the service coordinator and follow up to insure that the participant has completed their yearly physical or that they are scheduled. The developmental specialist will document all conversations concerning the PMCE in the outside contact log. 2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? All records have been reviewed This participant is the only participant without a PMCE. His CFH provider has taken him in and we now have the PMCE in our record.  3. Who will be responsible for implementing each corrective action? The developmental specialist.



participant is receiving on an ongoing basis; (7-1-06)

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? During quality assurance review if a participant record does not have a PMCE a review of the contact log will occur to insure that the DS is attempting to follow up and make sure that the participant has been scheduled for or has had their yearly H&P.

5. Dates for when the corrective action will be completed? This has already been completed. The PMCE is in the participant record. He was seen on 12-10-08.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2008-12-10

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.705.01.d

705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)

01. General Records Requirements. Each participant record must contain the following

**Category/Findings**

Participant Records

2 of 2 Child Participant (A)'s records lacked evidence of a current profile sheet containing identifying information about the participant. For example: Child Participant (A)'s profile sheet indicated addresses for both the mother and the father, which have since changed. In addition, the participant's current medications were not listed on the profile sheet.

**Plan of Correction (POC)**

1. What corrective action will be taken? A new and current profile sheet has been completed for this participant. Training will occur with the DS's about the profile sheet. Updates to the profile sheet will occur each time a participant or the guardian has a change in identifying information, medication changes, changes in current level of functioning or when additional type therapies are added or stopped. The profile sheet will be reviewed at the annual planning meeting for accuracy and changes made at this time and throughout the plan year as needed.

2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? A review of each participant profile sheet will occur and updates will be made to the profile sheets as needed.

3. Who will be responsible for implementing each corrective action? The developmental specialist will update profile sheets as needed.

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? A review of the profile

information: (7-1-06)

d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)

sheets will occur during the quality assurance review.

5. Dates for when the corrective action will be completed?  
02-01-09

**Scope and Severity:** Isolated / No Actual Harm - Potential for More Than Minimal Harm

**Date to be Corrected:** 2009-02-01

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.711.02 711.DEVELOPMENTAL THERAPY. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06) 02. Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. (7-1-06)	Service Delivery 1 of 2 Adult Participants (1) were observed receiving services that were not age appropriate. For example: Adult Participant (1) was receiving stickers as part of a token economy system that was not age appropriate for an Adult.	1. What corrective action will be taken? Dots are now being used instead of stickers. Staff training has already occurred to reiterate the philosophy of normalization and the ideology of age appropriate activities. Training will occur several times throughout the year to help new employees understand these concepts. 2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? All adult participants who use stickers as part of their reinforcement strategies are now using dots. Only the children under 12yrs of age are using stickers with a design on them. 3. Who will be responsible for implementing each corrective action? The developmental specialists. 4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? During monthly observations the developmental specialists will monitor that all activities are age appropriate. Whether that be a reinforcement strategy or an activity itself.



		5. Dates for when the corrective action will be completed? Completed 12-16-08
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**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2008-12-16

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.d  900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06) d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)	Service Delivery  1 of 2 Adult Participant (1)'s programs were not conducted in a natural setting where it would routinely occur. For example: Adult Participant (1) was working on programs / objectives that required using a microwave and dishwasher in the center, a skill that would normally be utilized in the home. In addition, Participant (1) was working on programs / objectives on pedestrian and community safety in the center.	1. What corrective action will be taken? Any time it is deemed necessary to provide a discrete trial training session to help a participant learn a skill it will be immediately followed up with training in the natural environment. Instructions have been added to the community safety plan sheet that "once staff are finished reviewing the safety skills the participant should then go and practice the skill in the natural setting". The make snack program and dishwasher program have been moved to the home environment. If the team decides that prerequisite skills need to be learned in the center setting before working on requisite skills this will be documented in the permanent record. 2. A review of each participant's record will occur to insure that programs are being conducted in the most natural setting possible. Corrective action may include staff training, contacting home and affiliate provider to move skill acquisition to the home setting, revision of a plan sheet to include a more natural teaching environment. 3. Who will be responsible for implementing each corrective action? The developmental specialist 4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? During weekly training and monthly observations. This will also be monitored through the quality assurance review. 5. Dates for when the corrective action will be completed? 02-15-09

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** 2009-02-15

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.03.c  905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06) 03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06) c. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. (7-1-06)	Participant Rights  1 of 2 Adult Participant records (2) lacked evidence the agency provided the participant with a verbal explanation of their rights, in a manner that best promotes individual understanding of these rights. For Example: Participant rights were explained to, and signed off by, participant's parent, who is not the participant's guardian.	1. What corrective action will be taken? The participant will always receive an explanation of their rights and sign the participant rights form. If the participant is not their own guardian, the guardian will also receive an explanation of the participant rights and sign the form in addition to the participant. The only time a participant will not sign is when they are incapable of signing. This participant has received an explanation of her rights and has signed a participant rights form.  2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? We will go back through each participant record to insure that the participant was actively involved in receiving an explanation of their rights. If they have not signed the form we will have them sign unless they are incapable of signing.  3. Who will be responsible for implementing each corrective action? The developmental specialist. 4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? This will be added to the quality assurance review checklist.  5. Dates for when the corrective action will be completed? 02-01-09
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for More Than Minimal Harm		<b>Date to be Corrected:</b> 2009-02-01 <b>Administrator Initials:</b>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-12.3  A-12.3. The Provider informs each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse	Adult Day Care  Agency records lacked evidence the provider informed each participant of the expected benefits and attendant risks of receiving the service, and the alternative forms of service	1. What corrective action will be taken? A revision to the Adult day enrollment form will occur. A statement to the effect that the participant or guardian has been informed of the services to be received, the expected benefits and attendant risks of



services, and alternative forms of services available.

available in the Adult Day Care.

receiving those services, of the right to refuse services, and alternative forms of services available will be added to the revised enrollment form.

2. How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? All participants receiving adult day care services will fill out a new revised enrollment form.

3. Who will be responsible for implementing each corrective action? The administrator will develop the revised enrollment form and the developmental specialist will follow through with the participant or guardian as appropriate.

4. How will the corrective action be monitored to ensure consistent compliance with IDAPA Rules? This will be added to the quality assurance review checklist.

5. Dates for when the corrective action will be completed?  
02-01-09

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2009-02-01

Administrator Initials:

Administrator Signature (confirms submission of POCE)

*[Signature]*

Date: 1-29-09

Team Leader Signature (signifies acceptance of POCE)

*[Signature]*

Date: 1-27-2009